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CALIFORNIA FORM 497

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/11/2010	Mr. Duncan Matteson Redwood City, CA 94065	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Investment The Matteson Companies	$5,000.00
05/12/2010	Dr. Ralph Snyderman, M.D. Chapel Hill, NC 27515	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Duke University	$2,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

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COM - Recipient Committee (other than PTY or SCC)
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Reason for Amendment:

FPPC Form 497(June/01)
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Reason for Amendment:

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